



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

August 22, 2006

FILE COPY

Tim Schneider, Administrator
Good Samaritan Village, Mickey Assisted Living Center
640 North Eisenhower Street
Moscow, ID 83843

License #: RC-356

Dear Mr. Schneider:

On July 26, 2006, a fire/life safety and sanitation survey was conducted at Good Samaritan Village, Mickey Assisted Living Center. As a result of that survey, deficient practices were found. A deficiency was cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, R.E.H.S., Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL, R.E.H.S.
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

EM/sm

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



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August 8, 2006

FILE COPY

Tim Schneider, Administrator
Good Samaritan Village, Mickey
640 N Eisenhower St
Moscow, ID 83843

Dear Mr. Schneider:

On July 26, 2006, a life safety code survey was conducted at Good Samaritan Village, Mickey Assisted Living Center. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 25, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Fire/Life Safety & Sanitation Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R356	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/26/2006
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN VILLAGE, MICKEY ASSIST		STREET ADDRESS, CITY, STATE, ZIP CODE 640 N EISENHOWER ST MOSCOW, ID 83843		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 26, 2006. The surveyor conducting the survey was:</p> <p>Eric Mundel REHS Team Leader Health Facility Surveyor</p> <p>Keith Barkow Health Facility Surveyor</p>	R9999		

Bureau of Facility Standards

TITLE

(X6) DATE

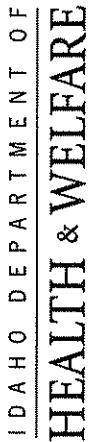
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

YKH621

If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Good Samaritan Village	640 N. Eisenhower Street	(208) 282-6560
Administrator	City	ZIP Code
TIM SCHNEIDER	MOSCOW ID	28843
Survey Team Leader	Survey Type	Survey Date
ERIC MONDELL / KATHA BARKER	FIRE LIFE SAFETY	7/26/06

NON-CORE ISSUES

[illegible]

RECEIVED
AUG 07 2006
FACILITY STANDARDS

Signature of Facility Representative

Response Required Date

X Chinto / Pleasterines

Senior Housing Manager.